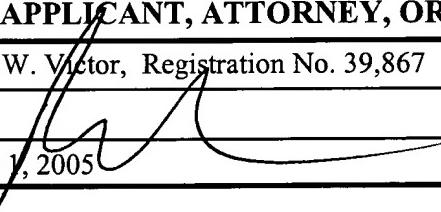


| | | |
|---|---|---|
| TRANSMITTAL FORM | | Application Number 09/535,859 |
| <i>(To be used for all correspondence after initial filing)</i> | | Filing Date March 27, 2000 |
| | | Inventor D.K. Dittrich et al. |
| | | Group Art Unit 2626 |
| | | Examiner Name Jerome Grant II |
| Total Number of Pages in this Submission: 5 | Attorney Docket Number BLD990050US1 | |

ENCLOSURES (check all that apply)

| | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: <hr/> <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> PTOL-85 Part B Fee Transmittal |
|--|--|---|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------------------|--|
| Firm or Individual Name: | David W. Victor, Registration No. 39,867 |
| Signature: |  |
| Date: | March 1, 2005 |

KONRAD RAYNES & VICTOR, LLP
315 South Beverly Drive, Suite 210
Beverly Hills, California 90212
(310) 556-7983

The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 50-0563

CERTIFICATE OF MAILING OR TRANSMISSION

| | | |
|--|--|------------------------------|
| I hereby certify that this correspondence is being hand delivered to the United States Patent Office in an envelope addressed: Commissioner for Patents, Alexandria, VA 22313-1450, on the date indicated below. | | |
| Typed or Printed name: | | Customer No. 46918 |
| Signature: | | |
| Date: | | |